

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.



COMMITTEE IDENTIFICATION

Name of Committee: Cheryl Berkner for Register of Deeds

Street Address: 842 Redwood Dr

City, State and Zip Code: Green Bay WI 54304

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

January Continuing 2017 Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____ Termination Report also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 250.00	\$ 4760.00
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 250.00	\$ 4760.00
DISBURSEMENTS		
2A. Gross Expenditures	\$ 708.94	\$ 3922.31
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 708.94	\$ 3922.31

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1296.60
Total Receipts	\$ 250.00
Subtotal	\$ 1546.60
Total Disbursements	\$ 708.94
CASH BALANCE END OF REPORT	\$ 837.66
INCURRED OBLIGATIONS	
Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer: Cheryl Berkner
 Signature of Candidate or Treasurer: Cheryl Berkner
 Date: 1-12-17
 Email: _____
 Daytime Phone: 920-471-9110

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Cheryl Berken

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
11/1	Rock Garden 1951 Bond St. Green Bay WI 54303 Check if: <input checked="" type="checkbox"/> In-Kind Offset	LUNCHEON	36.00
11/8	D2 Sports Pub 788 Armed Forces Dr Green Bay WI 54304 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Election Party	434.92
12/23	El Satape 2615 S. Oneida St. Green Bay WI 54304 Check if: <input checked="" type="checkbox"/> In-Kind Offset	SWEATING IN LUNCH	238.02
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 708.94
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 708.94

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Name

Cheryl Borkien for Register of Deeds

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
10/31/16	Peter C McCarthy 4181 Nicolet Dr Green Bay WI 53111 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit - Ethics ID#	Director of TECHNICAL SERVICE MSD	250.00	250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 250.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 250.00

*****End of Report*****

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.



COMMITTEE IDENTIFICATION

Name of Committee: Cheryl Berken for Register of Deeds
 Street Address: PO Box 154
 City, State and Zip Code: Green Bay WI 54305

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

- January Continuing Pre-Primary July Continuing Spring Fall Special Termination Report also complete Schedule 4
 September Continuing Pre-Election 2016

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 3845.00	\$ 4510.00
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 3845.00	\$ 4510.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 2983.41	\$ 3163.40
2B. Contributions to Committees (Transfers-Out)	\$ 50.00	\$ 50.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 3033.41	\$ 3213.40

4330.01
4330.01

CASH SUMMARY

Cash Balance Beginning of Report	\$ 485.01
Total Receipts	\$ 4510.00
Subtotal	\$ 4995.01
Total Disbursements	\$ 3213.40
CASH BALANCE END OF REPORT	\$ 1781.61
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ —
LOANS (Balance at the Close of This Period-3B)	\$ —

~~4330.01~~ 3845.00
 4330.01
 3033.41
~~1116.61~~ 1296.60

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Amended 1-12-17

Type or Print Name of Candidate or Treasurer: Cheryl Berken
 Signature of Candidate or Treasurer: Cheryl Berken
 Date: 10-29-16
 Email: cherylberken@gmail.com
 Daytime Phone: 920-471-9110

ed by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the ss.11.1400, 11.1401, Wis. Stats.

*****End of Report*****

accountability Board prescribes this form. Completed forms must be filed with your local clerk.



Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
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Spring Fall Special Pre-Primary _____ Continuing Report due Jan. 15, 2017
 Spring Fall Special Pre-Election _____ Continuing Report due July 15, _____
 Continuing Report due 4th Tues Sept., _____

JAMIE A. Blom
Name of Candidate or Committee (in full)
2003 Hillcrest Ct, Green Bay, WI 54313
Address
920-265-1272
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate	Date	Email Address
<u>Jamie Blom</u>	<u>1-16-17</u>	<u>jmeblom@hotmail.com</u>

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GABCFIS@wi.gov

**Short Form for use
"No Activity" Reporting**

*****End of Report*****

Campaign Finance Report

Short Form EB-2a
State Elections Board

Spring Fall Special Pre-Primary _____ Continuing Report due Jan. 31, 2017
 Spring Fall Special Pre-Election _____ Continuing Report due July 20, _____

Name of Candidate or Committee (in full)

Buckley For Brown Co. Supervisor

Address (number and street)

3249 West Point Rd.

City, State, Zip

Green Bay, WI 54313

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

[Signature] 1-20-17 920 497-3052

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



SHORT FORM – Use For “No Activity” Reporting Period

*****End of Report*****

Brown County

Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Primary _____	<input checked="" type="checkbox"/> Continuing Report due Jan. 15, <u>2017</u>
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Election _____	<input type="checkbox"/> Continuing Report due July 15, _____
	<input type="checkbox"/> Continuing Report due 4 th Tues Sept., _____

Eisenheim for a Better Green Bay
Name of Candidate or Committee (in full)

843 Dousman Street / Green Bay, WI 54303
Address

(920) 430-8338
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate 	Date <u>1/16/17</u>	Email Address <u>erik.eisenheim@gmail.com</u>
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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov



Short Form for use
"No Activity" Reporting

End of Report

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Patrick Evans

Street Address

378 South Duane

City, State and Zip Code

Green Bay, WI 54303-3307



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

- January Continuing *2017* Pre-Primary _____ Spring Fall Special
 July Continuing _____ Pre-Election _____ Termination Report
 September Continuing _____ *also complete Schedule 4*

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ -0-	\$ -0-
1B. Contributions from Committees (Transfers-In)	\$ -0-	\$ -0-
1C. Other Income and Commercial Loans	\$ -0-	\$ -0-
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ -0-	\$ -0-

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 15.00	\$ 33.00
2B. Contributions to Committees (Transfers-Out)	\$ -0-	\$ -0-
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 15.00	\$ 33.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,587.06
Total Receipts	\$ -0-
Subtotal	\$ 1,587.06
Total Disbursements	\$ 15.00
CASH BALANCE END OF REPORT	\$ 1,572.06
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ -0-
LOANS (Balance at the Close of This Period-3B)	\$ 2,100.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: <i>1-3-17</i>
<i>JAY J. THIBRETT, MD TREASURER</i>	<i>Jay J. Thibrett, MD Treasurer</i>	
	Email <i>jaythibrett@att.net</i>	Daytime Phone: <i>494-2265</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

ETHCF-2L (Rev. 01/16) The Government Accountability Board prescribes this form. Completed forms must be filed with your local clerk.

1 of 2

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Patrick EDWARDS

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
<i>8-1-12-31 2016</i>	<i>Edward Jones 3313 S Parker Road Dr 54 A1 Dorchester, MA 01915</i>	<i>Mutual Fund (Balance Fee (HIBF))</i>	<i>15.00</i>
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ <i>15.00</i>
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES			\$
TOTAL EXPENDITURES			\$ <i>15.00</i>

*****End of Report*****

2 of 2

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

GALT for Brown County

Street Address

1426 S. JACKSON

City, State and Zip Code

GREEN BAY, WI 54301



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

- January Continuing *2017* Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 18.48	\$ 18.48
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 29.63	\$ 29.63

CASH SUMMARY

Cash Balance Beginning of Report	\$ 11.15
Total Receipts	\$ 18.48
Subtotal	\$ 29.63
Total Disbursements	\$ 29.63
CASH BALANCE END OF REPORT	\$ 0.00
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00
LOANS (Balance at the Close of This Period-3B)	\$ 0.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <i>ALEX GALT</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>1/14/2017</i>
	Email	Daytime Phone: <i>920 246-0199</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
GALT for BREWIN COUNTY

Instructions for completing schedules are on the back of each schedule.

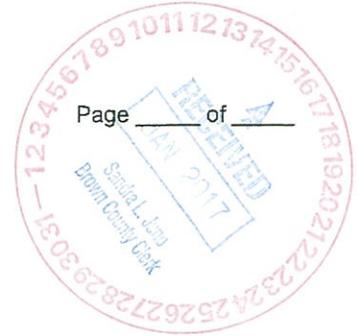
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
12/7/17	ALEX GALT 1426 S. JACKSON GREEN BAY Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	ENTREPRENEUR	18.48	304.48
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$	
TOTAL ITEMIZED CONTRIBUTIONS	\$	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$	

2014

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)



Complete Committee Name
Galt for Brown County

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
1/14/17	Gennich for Assantely Friends of Eric Gennich Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		29.63	29.63
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE			\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES			\$	

3 of 4

SCHEDULE 4

TERMINATION REQUEST



Complete Committee Name
GALT for BROWN COUNTY

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS
THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Date	Recipient	Amount
1/14/2017	Friends of Eric Genrich Genrich for Assembly	\$29.63

LOAN OR DEBT FORGIVENESS
I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

[Signature] _____ Date 1/14/2017

Signature of Candidate or Treasurer

4 of 4

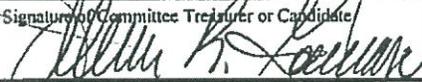
*****End of Report*****

Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
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Spring Fall Special Pre-Primary _____ Continuing Report due Jan. 15, 2017
 Spring Fall Special Pre-Election _____ Continuing Report due July 15, _____
 Continuing Report due 4th Tues Sept, _____

FRIENDS OF JOHN GOSSAGE
 Name of Candidate or Committee (in full)
2430 EAST KINGS TERRACE G.B. NE 54311
 Address
(920) 448-4222
 Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate 	Date <u>01/08/17</u>	Email Address <u>GOSAGE.JR@redbrown.wi.us</u>
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ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
 Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GABCFIS@wi.gov

Short Form for use
 "No Activity" Reporting

*****End of Report*****





Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
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Spring Fall Special Pre-Primary _____ Continuing Report due Jan. 15, 17

Spring Fall Special Pre-Election _____ Continuing Report due July 15, _____

Continuing Report due 4th Tues Sept., _____

Staush Gruszynski "Friends of "
Name of Candidate or Committee (in full)

1715 Decker Ave Green Bay WI 54302
Address

920-857-3425
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate	Date	Email Address
<u>[Signature]</u>	<u>1-13-17</u>	<u>Staush 4 District 5@gmail.com</u>

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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GABCFIS@wi.gov

**Short Form for use
"No Activity" Reporting**

*****End of Report*****

Campaign Finance Report Short Form ETHCF-2a		Ethics ID Number
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	Pre-Primary <input type="checkbox"/>	<input checked="" type="checkbox"/> Continuing Report due Jan. 15, <u>2017</u>
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	Pre-Election <input type="checkbox"/>	<input type="checkbox"/> Continuing Report due July 15, _____
		<input type="checkbox"/> Continuing Report due 4 th Tues Sept., _____
Name of Candidate or Committee (in full) <u>Friends of Sandy Juno</u>		
Address <u>1616 Dauphin St.</u> <u>Green Bay WI 54301</u>		
Daytime Phone		

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>Sandra L. Juno</u>	Date <u>1-3-17</u>	Email Address <u>juno@sandra@yahoo.com</u>
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ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GABCFIS@wi.gov

*****End of Report*****





Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
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Spring Fall Special Pre-Primary ____ Continuing Report due Jan. 15, X 2017

Spring Fall Special Pre-Election ____ Continuing Report due July 15, ____

Continuing Report due 4th Tues Sept., ____

Carol Kelso / Friends of Carol
Name of Candidate or Committee (in full)

11320 W Creatiview Dr, Fountain Hills, AZ 85268
Address

Phone - 480 584 3678
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate	Date	Email Address
<u>Carol Kelso</u>	<u>2/1</u>	<u>TJFNTEDDY@cox.net</u>

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GABCFIS@wi.gov

*****End of Report*****

**Short Form for use
"No Activity" Reporting**

Campaign Finance Report Short Form EB-2a State Elections Board	
<input checked="" type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Primary _____	<input checked="" type="checkbox"/> Continuing Report due Jan. 31, _____
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Election _____	<input type="checkbox"/> Continuing Report due July 20, _____

Name of Candidate or Committee (in full) *Thomas Lund*

Address (number and street) *2091 Magy Lane*

City, State, Zip *Suamico WI 54313*

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
<i>[Signature]</i>	<i>11/19/17</i>	<i>920-592-2663</i>

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



SHORT FORM – Use For “No Activity” Reporting Period

*****End of Report*****

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Street Address

2444 BABCOCK ROAD

City, State and Zip Code

ASHWAUBENON, WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

- January Continuing 2017 Pre-Primary _____ Spring Fall Special Termination Report also complete Schedule 4
 July Continuing _____ Pre-Election _____
 September Continuing _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ —	\$ —
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ —	\$ —
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 25. ⁰⁰	\$ 25. ⁰⁰
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 25. ⁰⁰	\$ 25. ⁰⁰

CASH SUMMARY

Cash Balance Beginning of Report	\$ 250. ⁰⁰
Total Receipts	\$ —
Subtotal	\$ 250. ⁰⁰
Total Disbursements	\$ 25. ⁰⁰
CASH BALANCE END OF REPORT	\$ 225. ⁰⁰
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ —
LOANS (Balance at the Close of This Period-3B)	\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer PATRICK W. MOYNIHAN, JR.	Signature of Candidate or Treasurer <i>Patrick Moynihan</i>	Date: 1/15/17
	Email: patrickmoynihanjr@gmail.com	Daytime Phone: 920-593-4411

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

1 of 2

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
12/31/10	NI COLET NATIONAL BANK P.O. BOX 23900 GREEN BAY, WI 54305-3900 Check if: <input type="checkbox"/> In-Kind Offset	SERVICE CHARGES	25. ⁰⁰
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 25. ⁰⁰
TOTAL ITEMIZED EXPENDITURES	\$ 25. ⁰⁰
TOTAL UNITEMIZED EXPENDITURES	\$ —
TOTAL EXPENDITURES	\$ 25. ⁰⁰

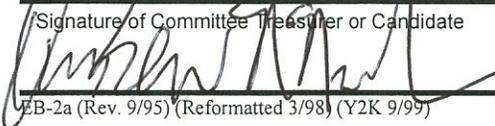
*****End of Report*****

Campaign Finance Report
 Short Form EB-2a
 State Elections Board

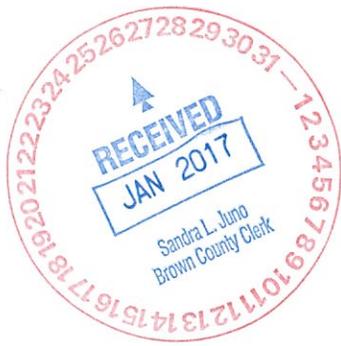
Spring Fall Special Pre-Primary _____ Continuing Report due Jan. 31, 2017
 Spring Fall Special Pre-Election _____ Continuing Report due July 20, _____

Name of Candidate or Committee (in full) Andy Nicholson
 Address (number and street) 800 Venus Dr.
Green Bay WI 54311
 City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 17.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
	<u>1-26-17</u>	<u>465 3564</u>

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



SHORT FORM – Use For “No Activity” Reporting Period

*****End of Report*****



Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
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Spring Fall Special Pre-Primary _____ Continuing Report due Jan. 15, _____
 Spring Fall Special Pre-Election _____ Continuing Report due July 15, _____
 Continuing Report due 4th Tues Sept., _____

Citizens For William Peters
Name of Candidate or Committee (in full)
233 N. Ashland Ave.
Address
920-461-2847
Daytime Phone

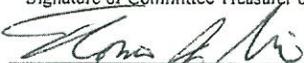
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate 	Date 1/13/2017	Email Address williamjosephjr@icloud.com
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ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov

Short Form for use
"No Activity" Reporting

End of Report

Campaign Finance Report Short Form ETHCF-2a		Ethics ID Number
<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Special
Pre-Primary _____		
<input type="checkbox"/> Continuing Report due Jan. 15, <u>2017</u>		
<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Special
Pre-Election _____		
<input type="checkbox"/> Continuing Report due July 15, _____		
<input type="checkbox"/> Continuing Report due 4 th Tues Sept., _____		
<u>Citizens for Sieber</u> Name of Candidate or Committee (in full)		
<u>4140 MASKERS Lane Green Bay, WI 54311</u> Address		
<u>920.680.6366</u> Daytime Phone		
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.		
Signature of Committee Treasurer or Candidate 	Date <u>1/15/17</u>	Email Address

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
 Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov

Short Form for use
 "No Activity" Reporting

End of Report





Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
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Spring Fall Special Pre-Primary _____ Continuing Report due Jan. 15, 2017

Spring Fall Special Pre-Election _____ Continuing Report due July 15, _____

Continuing Report due 4th Tues Sept., _____

Streckenbach for Brown County Executive
Name of Candidate or Committee (in full)

P.O. Box 22283
Address

920 288 2237
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate 	Date <u>1/10/17</u>	Email Address
---	------------------------	---------------

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov

**Short Form for use
"No Activity" Reporting**

*****End of Report*****



Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
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Spring Fall Special Pre-Primary _____ Continuing Report due Jan. 15, 2017
 Spring Fall Special Pre-Election _____ Continuing Report due July 15, _____
 Continuing Report due 4th Tues Sept., _____

Friends of VanderKeest
 Name of Candidate or Committee (in full)
1422 Beech Tree Drive, Green Bay, WI 54304
 Address
920-737-0999
 Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate	Date	Email Address
<u>John VanderKeest</u>	<u>1-15-17</u>	<u>vanderkeey@hotmail.com</u>

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
 Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov

Short Form for use
“No Activity” Reporting

*****End of Report*****

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Williquette Lindsay

Street Address

719 Fredrick Ct Apt. 6

City, State and Zip Code

Green Bay WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

- January Continuing *2017* Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____
- Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ <i>400.00</i>	\$
1B. Contributions from Committees (Transfers-In)	\$ <i>0</i>	\$
1C. Other Income and Commercial Loans	\$ <i>.38</i>	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>400.38</i>	\$
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ <i>2907.80</i>	\$
2B. Contributions to Committees (Transfers-Out)	\$ <i>0</i>	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>2907.80</i>	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>2802.72</i>
Total Receipts	\$ <i>400.38</i>
Subtotal	\$ <i>3203.10</i>
Total Disbursements	\$ <i>2907.80</i>
CASH BALANCE END OF REPORT	\$ <i>295.30</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>0</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>349.72</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <i>Cathy Williquette Lindsay</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>1-10-2017</i>
	Email	Daytime Phone: <i>920-619-3069</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

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SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Willionette Lindsay

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
10/25/16	SL Juno 616 Dauphin St Green Bay WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		\$100	\$100
11/1/16	George M. Brisson 1389 Margaret St St. Paul MN 55106 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	President Excel Binding	\$300	\$300
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 400.00	
TOTAL ITEMIZED CONTRIBUTIONS	\$ 400.00	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ —	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 400.00	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Williquette Lindsay

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
10-26-16	WTAQ 1420 Bellevue St Green Bay WI 54311 Check if: <input type="checkbox"/> In-Kind Offset	Radio Ads	\$ 644.00
10-27-16	Y100 1420 Bellevue St Green Bay WI 54311 Check if: <input type="checkbox"/> In-Kind Offset	Radio Ads	\$ 680.00
10-27-16	W1XX 1420 Bellevue St Green Bay WI 54311 Check if: <input type="checkbox"/> In-Kind Offset	Radio Ads	\$ 750.00
11-11-16	Sara Frisqure 3980 Wright Circle De Pere WI 54115 Check if: <input type="checkbox"/> In-Kind Offset	Cake for Election Night Party	37.98
11-11-16	Michelle Gildernick 4173 Matuszak Ct Green Bay WI 54313 Check if: <input type="checkbox"/> In-Kind Offset	Balloons for Election Night Party	12.60
11-16-16	PMI Entertainment Group 1901 S. Oneida St Green Bay WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Election Night Party Expense	\$ 783.22
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 2907.80
TOTAL ITEMIZED EXPENDITURES	\$ 2907.80
TOTAL UNITEMIZED EXPENDITURES	\$ 0
TOTAL EXPENDITURES	\$ 2907.80

SCHEDULE 3-B

**Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE**

Complete Committee Name
Friends of Williquette Lindsay

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
1/10/17	Cathy Williquette Lindsay 719 Fredrick Ct Apt. 6 Green Bay WI 54313		0	0	\$ 349.72

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$ 349.72
TOTAL OUTSTANDING LOANS	\$ 349.72

*****End of Report*****